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# Horror, despair and how help came from Omagh

Thursday, 14 August 2008

While the Omagh outrage wreaked devastation its legacy has also helped others traumatised by horrific events around the globe. Kerry McKittrick hears about a unique form of cognitive therapy which was developed after the bomb

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**David Bolton is one of the founder members of the Northern Ireland Centre for Trauma and Transformation in Omagh where a special cognitive therapy, which is based on counselling, is used. He says:**

What are these?

The Omagh bomb was a different situation from something like the Enniskillen tragedy. When the Poppy Day bomb happened, there was very much a sense of ongoing war. With Omagh, there were ceasefires and the Good Friday Agreement had been signed four months before. The Enniskillen bomb had revealed the obvious physical impact of a bomb, but we weren't sure what the psychological impact would be.

I got involved in Omagh an hour after the bomb went off. I led the team that was based in the local leisure centre that evening. It was being used as an information centre for relatives to go to. It was immediately clear that this was an appalling tragedy and that conventional services wouldn't be able to cope and additional ones would have to be laid on.

The Monday after the bomb, myself and my colleagues met with the then Secretary of State, Mo Mowlam, to discuss what would be needed in terms of mental health. She asked us to present her with a plan within three weeks.

What happened was that the temporary group, the Omagh Community Trauma and Recovery Team, came into force on the Tuesday, three days after the bomb. At that point this was a multi-agency response, not just us but services like GPs as well. That group existed for three and a half years, and during that time we saw over 700 people. A large proportion of people came in with problems such as stress and mental health issues. Others came with practical problems such as unemployment. We were a group for mental health, but we didn't turn anyone away. We were an obvious first point of contact for people who needed help after the bomb.

In the early days we did studies into the impact of the bomb on the local people and their families. These studies were singularly important in how we approached people. They brought together the wisdom and experience of the local community, and the excellent work of the local services.

We were very lucky for with this information, and with the help of the cognitive therapy from Oxford University, we were able to develop a cognitive therapy technique tailored to the Post Traumatic Stress Disorder people were suffering after the bomb.

The one event that sticks in my mind was when a schoolgirl brought her friend in by the hand and asked us if there was anything we could do for her. That particular moment made us all very emotional as it showed us how family and friends were reacting and supporting others through the tragedy.

The permanent centre, the Northern Ireland Centre for Trauma and Transformation, was driven by two main concerns.

The first was that the treatment developed would not be lost and the second was that there would something that came out of the tragedy that would make a contribution to all of the communities in need, not just Omagh. This is how our humanitarian work started.

We've developed our humanitarian work to bring the treatment to other places that needed it. I remember sitting in the office of the New York Fire Department after 9/11. We were looking out of the window at where the Twin Towers used to be, having a very moving conversation with members of the Fire Department and their clinicians.



Survivors of the 9/11 attacks have been helped by the trauma centre.

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It was this conversation that led us to invite representatives from the Fire Department, Police Department and Port Authority over here to see what we had done.

We went to Sarajevo because of the appalling experience the city had during its siege. The mental health staff there had been trying to provide a service to the community that had been caught up in it. The workers themselves had been affected — some had lost relatives, some had been caught up in the violence.

In Sri Lanka after the tsunami we met a group of Buddhists who had been badly affected. They were coping with an enormous scale of loss and were doing the best with their own resources and wisdom. We learned how to help them, and in turn we learned from them. Some of the work we do now has been greatly influenced by our experiences in Sri Lanka and Sarajevo.

The future of the centre is dependent on funding, the capacity to develop innovative programmes depends on money and support from the backers, and we need a robust commitment if we are to recruit staff. We would very much like to extend our specialist programmes, there aren't enough of those.

I, myself, would like to stay with the centre for as long as there is a need for me. At the very least, I want to see trauma treatment develop a firmer footing in Northern Ireland."

## 'People were very distressed, their lives were put on hold'

Dr Kate Gillespie is a psychiatrist, originally from Donegal. She was involved with the original recovery team and is the centre's clinical director. She says:

After the bomb, the Omagh Community and Recovery Team was established outside of the mental health trust in Omagh. Professor David Clarke and his team had been pioneering a cognitive therapy for Post Traumatic Stress Disorder. There were other kinds of therapies and responses for dealing with what had happened, but we pursued this particular kind. We were able to link with Oxford and the trained people there, which gave us a level of ongoing supervision, and as time went on the indications were that it was working well.

Most of the cases were of PTSD — people were very distressed and their lives were put on hold. People were also suffering from depression and panic attacks. For us at the time the model was very effective and, as it was researched, it gave us as therapists an idea that what we were doing was safe and that it would provide a good outcome.

Nothing should be taken away from the other services, like psychiatric practices in west Belfast which have been working under the radar for years. We were very lucky that at the time this new model of cognitive therapy was emerging.

There isn't a particular moment that was special to me during this time. I could see the difference it was making with every day.

People came in in horrendous states, but you could see them improve with each session. There were some with whom you didn't achieve the results, but they didn't get any worse.

The improvement is something that creeps up on you until one day you see this shift during the therapy. There was a gradual realisation that this was a very effective way of dealing with trauma. I had no qualms at all about being clinical director of the trauma centre. I saw what the treatment was doing and wanted to offer it to more people, especially to those with multiple conditions.

As time has gone on we've focused a lot more on training people, and have developed certificates and a master's degree with the University of Ulster. I'd like to think that our work will be done at some point."

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